



KENTUCKY STATE BOARD OF PHYSICAL THERAPY

Ernie Fletcher
Governor

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<http://pt.ky.gov>

Rebecca E. Klusch
Executive Director

PHYSICAL THERAPIST SUPERVISOR REQUIREMENTS INITIAL PLACEMENT OF A FOREIGN EDUCATED PHYSICAL THERAPIST

KRS 327.060 requires a foreign educated physical therapist candidate for Kentucky licensure to successfully complete board approved supervised practice under a physical therapist licensed in Kentucky. During this practice period, of not less than three months or more than six months, the candidate undergoes a Clinical Skills Assessment.

201 KAR 22:070 requires that these candidates work only in a facility which is **ACTIVELY INVOLVED** as a clinical education site for physical therapist students enrolled in a CAPTE accredited Program in Physical Therapy, and under the supervision of a person who has been a clinical education supervisor within the last three years.

It is the belief of the Board that a physical therapist who is actively involved in the clinical education of PT students should be the best person to determine and document entry level clinical competency of the foreign educated candidate.

Please complete both sides of this document which, when also signed by the foreign educated physical therapist candidate, is to be sent to the Board of Physical Therapy.

TEACHING/CLINICAL AFFILIATION AGREEMENTS

Name(s) of CAPTE accredited (Physical Therapist) School(s) of Physical Therapy your facility has an agreement(s) with: _____

Average number of PT students affiliating/year: _____

I have been assigned as clinical supervisor to one or more Physical Therapist students from schools referenced above within the 3 preceding years and this facility remains **AN ACTIVE CLINICAL EDUCATION SITE:** _____ Yes _____ No

SUPERVISOR Signature: _____ Date: _____

NAME PRINTED: _____ KY License # PT- _____



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SUPERVISORY AGREEMENT FOR PHYSICAL THERAPISTS EDUCATED IN A FOREIGN COUNTRY

201 KAR 22:070 requires this candidate to work only with on-site supervision by a physical therapist until he or she has achieved an average score of 3.5 or higher on a 4 point scale; with no "1s" or "2s" following a quarterly evaluation of clinical skills on forms provided by the board. The scale of "3" means "requires occasional supervision or minimal assistance to successfully meet criteria". A "4" means, "performs task independently." Documented competency must be achieved within six months.

I, physical therapist number, PT-_____ agree to provide supervision as required in 201 KAR 22:070 to the candidate listed below during the period it is required. I have read and understand KRS 327.060 and administrative regulations that pertain to the foreign educated physical therapist applicant and agree to provide documentation of competency and supervision required.

I further agree to advise the board if, for any reason, this agreement is terminated, and understand that each applicant must sit for, and pass the NPTE to continue to work as a physical therapist in Kentucky.

Anticipated start date

APPLICANT

SUPERVISOR

Name

Name

Signature

Signature

Date of Signature

Date of Signature

FACILITY WHERE PRACTICE IS TO TAKE PLACE

Facility Name

Street Address

City

State

Zip

County

()
Work Telephone

(over)